



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

## **2004-2005 LEA MEDI-CAL BILLING OPTION ANNUAL REPORT**

Enclosed are the 2004-2005 Annual Report Form and its attachments, along with instructions for completion. A download of the 2004-2005 Annual Report may be obtained at the LEA Program Web site at [www.dhs.ca.gov/LEA](http://www.dhs.ca.gov/LEA). As specified in the Local Educational Agency (LEA) Provider Participation Agreement, enrolled LEAs must submit an annual report describing their collaborative, service priorities, and reinvestment expenditures. Each LEA Medi-Cal provider with an enrollment effective date prior to July 1, 2005 is to complete the report, which must be returned on or before October 30, 2005. Deadline extensions will not be granted.

The Department of Health Services (Department) must receive an original hardcopy of the Annual Report. You may not submit a facsimile or electronic version in place of a hardcopy. It is also required that the enclosed Annual Report Form and attachments, created by the Department, be utilized. Do not make two-sided, back-to-back copies of the pages.

An Annual Report is required whether or not the LEA has submitted Medi-Cal claims during the 2004-2005 Fiscal Year (July 1, 2004 through June 30, 2005). In addition, the Department's receipt of the 2004-2005 Annual Report is necessary to allow the LEA to claim Medi-Cal reimbursement during the 2005-2006 Fiscal Year.

Mail all pages of the original LEA Medi-Cal Billing Option 2004-2005 Annual Report, including Attachment 1 and Attachment 2, on or before October 30, 2005 to:

Department of Health Services  
Payment Systems Division  
Facilities and Programs Unit  
MS 4704  
P.O. Box 997413  
Sacramento, CA 95899-7413

If you have questions about the LEA Medi-Cal Billing Option Annual Report, please contact Provider Enrollment Branch at (916) 319-8104

Provider Enrollment Branch  
Payment Systems Division